**Subject Access Request Form**

***1. DATA SUBJECT DETAILS***

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name(s)** |  |
| **Current Address** |  |
| **Telephone number**  |  |
| **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **Email address** |  |
| **Date of Birth** |  |
| **Means of identification provided to confirm name of data subject:** |  |
| **Details of data requested:** |  |

***2. DETAILS OF PERSON REQUESTING THE INFORMATION***

|  |  |
| --- | --- |
| Are you acting on behalf of the data subject with their [written] or other legal authority? | Yes ☐No ☐ |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) |  |
| **Please enclose proof that you are legally authorised to obtain this information** |
| **Surname** |  |
| **First Name(s)** |  |
| **Current Address** |  |
| **Telephone number** |  |
| **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **Email address** |  |

**DECLARATION**

I, ………………………………………………………, the signatory and person identified above as the data subject, hereby request that NAT (National AIDS Trust) provide me with the personal data about me identified above.

Signature: Date:

SAR form completed by [insert employee name]:

I, ………………………………………………………, the signatory and person identified at section 2 above, hereby request that NAT (National AIDS Trust) provide me with the personal data identified above.

Signature: Date: